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PTO/SB/21 (09-04) Application Number 09/852,424 Filing Date May 9, 2001 First Named Inventor Tudan, Christopher R. Art Unit 1636 **Examiner Name** Sullivan, Daniel M. Attorney Docket Number 080420-000000US

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Firm Name Townsend and Tow		nsend and Crew LLP					
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Date D		December 15, 2004			Reg. No.	31,67	77

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## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/852,424		
Filing Date	May 9, 2001		
First Named Inventor	Tudan, Christopher R.		
Art Unit	1636		
Examiner Name	Sullivan, Daniel M.		
Attorney Docket Number	080420-000000US		

I hereby revoke all previous powers of attorney given in the above-identified application:					
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name HAS	SAN SALARI				
	an Sa				
Date Nov	15.2004	ephone	(604) 822-0301		
NOTE: Signatures of all the inventors or more than one signature is required, see	e below*.	terest or their represe	ntative(s) are required. Submit multiple forms if		



STATEMENT UNDER 37 CFR 3.73(b)			
Applicant/Patent Owner: TUDAN et al.			
Application No./Patent No.: 09/852,424 Filed/Issue Date: May 9, 2001  Entitled: CXCR4 ANTAGONIST TREATMENT OF HEMATOPOIETIC CELLS			
Chemokine Therapeutics Corporation , a corporation			
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.			
states that it is:			
1. X the joint assignee of the entire right, title, and interest; or			
<ol> <li>an assignee of less than the entire right, title and interest.</li> <li>The extent (by, percentage) of its ownership interest is%</li> </ol>			
in the patent application/patent identified above by virtue of either:			
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.			
OR			
B.   A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:			
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.			
25 November 2004 Hassan Salari			
Date Typed or printed name			
(604) 822-0301			
Telephone number Signature CEO			
Title			

OTPE CO.

## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/852,424	
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First Named Inventor	Tudan, Christopher R.	
Art Unit	1636	
Examiner Name	Sullivan, Daniel M.	
Attorney Docket Number	080420-000000US	

I hereby revoke all previous powers of attorney given in the above-identified application:					
A Power of Attorney is submitted herewith.					
OR					
I hereby appoint the practitioners associated with the Customer Number:     20350					
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I am the:  Applicant/Inventor.  Assignee of record of Statement under 37 C	the entire interest. See 37	CFR 3.71. orm <i>PTO/SB/96</i> )			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  David P. Jones  Associate Director SIGNATURE of Applicant or Assignee of Record					
Name University-Industry Liaison					
Signature and Con-					
Date Thou 30/	64		604-822-8589		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
Total of forms are subr					



STATEMENT UNDER 37 CFR 3.73(b)				
Applicant/Patent Owner: TUDAN et al.				
Application No./Patent No.: 09/852,424 Filed/Issue Date: May 9, 2001				
Entitled: CXCR4 ANTAGONIST TREATMENT OF HEMATOPOIETIC CELLS				
The University of British Columbia , a university				
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)				
states that it is:				
<ol> <li>the joint assignee of the entire right, title, and interest; or</li> <li>an assignee of less than the entire right, title and interest.</li> </ol>				
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. David P. Jones				
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University-Industry Liaison  Date  University-Industry Liaison  Typed or printed name				
Associate Director University-Industry Liaison Typed or printed frame  604-822-8589				
Telephone number Signature				
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